



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Rhode Island Department of Transportation
Office of Human Resources
Two Capitol Hill, Rm. 214
Providence, RI 02903-1124
Phone (401) 222-2572, Fax (401) 222-2574

REQUEST FOR PAID LEAVE

EMPLOYEE: _____ ACCOUNT #: _____

DIVISION: _____ SECTION: _____

TYPE OF LEAVE BEING REQUESTED

(Check ✓)

- ☐ ADMINISTRATIVE
(Specify Reason for Request): _____
- ☐ BEREAVEMENT
- ☐ EDUCATIONAL COURSE/TRAINING SEMINAR/CIVIL SERVICE EXAM (Specify What, Where) _____
- ☐ PERSONAL BUSINESS
- ☐ SICK (FMLA)
- ☐ VACATION – Any and all requests for vacation leave should be submitted as soon as practical and **requires prior approval** by the proper Divisional Authority(ies).

DATE OF LEAVE – From: ____/____/05

To: ____/____/05

TIME IN HOURS – From: _____ a.m.
p.m.

To: _____ a.m.
p.m.

TOTAL NUMBER OF HOURS CHARGED: _____

If your accruals are exhausted in the specific leave category, the Payroll Unit will automatically discharge leave without pay.

Signature: / _____
Employee

Date ____/____/05

Recommended/Not Recommended

Signature: / _____
Division/Section Supervisory Authority

Date ____/____/05

Signature: / _____
Appointing Authority Designee/Human Resources

ALL LEAVE REQUESTS MAY BE SUBJECT TO INVESTIGATION AND AUDIT

Payroll File

THIS FORM SUPERSEDES ANY AND ALL-PREVIOUS FORMS.

(RIDOT HR Rev 2/05)